
By:
NATALI CYNTHIA ASRI TANDAWUYA
016201400115

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THESIS ADVISER RECOMMENDATION LETTER

This thesis entitled “UNFPA-UNICEF JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION IN INCREASING THE AWARENESS OF COMMUNITY AND GOVERNMENT TOWARD THE HARMFUL PRACTICE OF FGM IN SOMALIA (2008-2013)” prepared and submitted by Natali Cynthia Asri Tandawyas in partial fulfillment of the requirements for the degree of Bachelor of Arts in International Relations in the School of International Relations, Faculty of Humanities has been reviewed and found to have satisfied the requirements for a thesis fit to be examined. I therefore recommend this thesis for Oral Defense.

Cikarang, Indonesia, May 2018

Recommended and Acknowledgement by,

[Signature]

Isyana Adriani R.A., M. SI

Thesis Adviser
DECLARATION OF ORIGINALITY

I declare that this thesis, entitled “UNFPA-UNICEF JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION IN INCREASING THE AWARENESS OF COMMUNITY AND GOVERNMENT TOWARD THE HARMFUL PRACTICE OF FGM IN SOMALIA (2008-2013)” is to the best of my knowledge and belief, an original piece of work that has not been submitted, either in whole or in part, to another university to obtain a degree.

Cikarang, May 2018

Natali Cynthia Asri Tandawuya
Panel of examiners stated that the thesis entitled “UNFPA-UNICEF JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION IN INCREASING THE AWARENESS OF COMMUNITY AND GOVERNMENT TOWARD THE HARMFUL PRACTICE OF FGM IN SOMALIA (2008-2013)” that was submitted by Natalia Cynthia Asri Tandsuaya majoring in International Relations from Faculty of Humanities was assessed and approved to have passed the oral Examinations on May 18th 2018.

Natasya Kusumawardani, S.IP., MProfStuds (Hons)
Chair Panel of Examiner

Anggara Raharyo, S.IP., M.PS.
Examiner II

Isyana Adriani B.A., M. Si.
Thesis Adviser
ABSTRACT

Natali Cynthia Asri Tandawuya, International Relations 2014, President University

Title: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation in Increasing the Awareness of Community and Government toward the Harmful Practice of FGM in Somalia (2008-2013)

Female Genital Mutilation (FGM) is defined as a harmful cultural practice for non-medical purpose. In Somalia, FGM prevalence reached 98 percent and is primarily performed on girls around aged 4-11. Girls in Somalia experienced the most severe type of FGM and could cause physical, mental, and psychosocial effect for those who undergo the practice. Finding from this research show FGM practice rooted in Somalia culture for a long time and closely related to religious aspect. Therefore, FGM practice in Somalia will takes a long time to completely remove from society. FGM practices recognized as Human Rights issue and violate the security of human being from freedom of fear and torture. Through UNFPA and UNICEF as UN agents will promote the value of human rights in order to achieve human security in Somalia. Using the norm life cycle concept, the writer will analyze how UNFPA and UNICEF persuade to adopt human security as a new norm in Somalia in order to decreasing the practice and increasing the awareness of community. This research will utilize qualitative method and using secondary data from literature, reports, journal, book, and official documents to analyze the problem. UNFPA-UNICEF Joint programme on FGM 2008-2013 believed to become a tool in promoting human rights and human security value in order to abandon the FGM practice.

Keywords: Human Security, Human Rights, FGM, Somalia, UNFPA, UNICEF.
ABSTRAK

Natali Cynthia Asri Tandawuya, International Relations 2014, President University

Title: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation in Increasing the Awareness of Community and Government toward the Harmful Practice of FGM in Somalia (2008-2013)


Keywords: Human Security, Hak Asasi Manusia, Sunat Perempuan, Somalia, UNFPA, UNICEF.
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“Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge Him, and He shall direct thy paths” Proverbs 3:5-6

“I can do all things through Christ which strengtheneth me” Philippians 4:3

This thesis is dedicated to Jesus Christ, my family, and friends as my support system from the beginning until the end of my university life. After all the process, failure, challenges, and experience during this thesis period, finally this thesis research is done.

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Cikarang, May 2018

Natali Cynthia Asri Tandawuya
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LIST OF ACRONYM

FGM : Female Genital Mutilation

FGM/C : Female Genital Mutilation/Cutting

NGO : Non-governmental Organization

UN : United Nations

UNFPA : United Nations Population Fund

UNICEF : United Nations Children’s Fund

UNDP : United Nations Development Programme
CHAPTER I

INTRODUCTION

1.1 Background of Study

Culture is belief and behavior that grasped by certain group of individuals and turn into their lifestyle and furthermore difficult to be isolated from their day by day life\(^1\). As a result of that in this globalization period, there is a lot of social custom that is still running until now. One of them is Female Genital Mutilation (FGM). Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons\(^2\). Mostly this tradition practice happens in 29 countries in Middle East Countries and Africa. FGM also happens in some countries in Asia (Indonesia, India, and Malaysia). Around more than 125 million girls and woman around the world that have been cut with 3 more million women facing that process every year\(^3\). In half of the nations, the majority of young ladies were cut before age 5. In whatever remains of the nations, most cutting happens in the vicinity of 5 and 14 years old \(^4\).

Most of the practices are the form of religion and cultural tradition. FGM national Group Organization believes the practice of FGM started around 2000 years ago. No one knows when and where exactly the traditions practice of FGM originalities from. There are 4 different perspectives according to FGM National Group Organization. Some believe FGM started from the era of ancient Egypt as a sign of distinction amongst the aristocracy. Some believe FGM practice started when the black

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\(^1\) Dennis O'neil, "Human Culture: What is Culture?," Palomar College - Learning for Success, accessed May 14, 2018, https://www2.palomar.edu/anthro/culture/culture_1.htm.


\(^4\) Ibid.
woman slaves entered the ancient Arab societies. Some believe started when Islam arrived in some parts of sub-Saharan Africa. Some believe this tradition practice developed individually among certain tribes in Africa. After all, all the perspectives believe that FGM will ensure woman’s virginity and reduction in female desire and also this practice can control the sexual behavior of woman.

Clashes between cultural and religious values with human rights values is a vital issue in the development and progression for women’s rights, and for some societies that are still likely to follow it, the idea to abandon it would imply disrespect to cultural beliefs, and threatens their way of life. The practice is often defended by the structure of the local societies and figures of power such as leaders of religion, community elders, and even medical personnel. In some cases, the practice is even defended by the women who had faced the procedure, with claiming that it is necessary in order to establish the identity of the girls as women. Some of the girls have been cut to get an acceptance from their community. This practice also linked to the purity of a woman based on their religion. Moreover, the practice does not bring any sort of benefit to the female, but more often the practice would cause a great amount of pain for the subjects, and often leading to more complicated medical risks.

The United Nations have already declared the practice of Female Genital Mutilation as an inhumane practice against women, with dangerous health risks and causing great amounts of pain in the process, and after. The UN Human Rights Commission, deemed the practice to be dangerous, and is in a process to encourage countries to ban the practice, in regards to ensure the women’s rights not to face such a tremendous amount of pain and risks. The WHO released a public document in accordance with inter-UN-agencies such as UNDP, UNESCO, UNHCR, UNIFEM,


and UNAIDS, and entitled Eliminating Female Genital Mutilation in 2008. This document summarized the reports and findings by the United Nations to establish the practice of FGM as inhumane, and would promote the issue in the international level, to prevent further practices of it\(^7\). The belief that women are worth less if they are not circumcised creates the unfair perception of the women who choose not to undergo the process, and creating the discrimination in society. The practice obstructs the values of human rights and women’s rights, and is often the decision is forced to the women when they were children, and had no power to reject such a painful and traumatic procedure. In Somalia alone, UNICEF work together with over 100 International/national NGOs and community-based organizations\(^8\) in order to stop this practice in Somalia.

In 2008 UNICEF work hand in hand with United Nations Population Fund (UNFPA) and established Joint Programme on FGM focusing in 17 African Countries. This programme involve the community, national, and global citizen to increasing the awareness of the harms that caused by FGM practice including the Government of Somalia\(^9\). Therefore, the community, woman, and girls agree to abandon FGM practice. Joint programme has helped more than 21,000 local communities in 15 African Countries to make declaration to abandon this harmful practice\(^10\). This programme also helps the government to conduct FGM response in national level and also facilitate government in framing the legal policy to banning FGM\(^11\).

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\(^11\) Ibid
1.2. Problem Identified

According to UNICEF data, Somalia is a country with the world's largest FGM practices. The practice has been going on since thousands of years ago and closely linked with religion. The beliefs turn into abusive tradition that the circumcised women categorized as “pure and clean”\textsuperscript{12}. Girls already thought by their parents the wrong things that a woman should be circumcised if not, they will be considered unclean and not pure. In the other side, man prefer to marry the girl that have been cut because the girls are more clean and less naughty and also they can guarantee that the girls are still

\textsuperscript{12} Ashenafi Mogens, "FGM Myth and Judisfication," Eighth International Meropolis Conference Vienna, 2003, xx.
This belief triggered the parents to cut their daughters so they can get married and get the community acceptance as good girls. 

Figure 2 percentage of girls and woman aged 15 to 49 years who has undergone FGM

The parents allow their children to be cut without knowing the harm that appears after the practice. The girls will live in pain for the rest of their life. There are two kind of healthy risk that experienced by the girls, which is short time health risk include excessive bleed and infection and long-term health risk like menstrual

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problems, complications, and even could lead the girls to death\textsuperscript{15}. The lack of understanding and knowledge take the girls into danger. Therefore some believe education is the key to stop this practice.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.png}
\caption{The percentage of the attitude of circumcised girls’ mother}
\label{figure3}
\end{figure}

\textit{Source: UNICEF}

This thesis research will analyze the Joint Programme of UNICEF and UNFPA to promote the values of woman and children’s rights in Somalia. This thesis research will discuss the actions that have been taken by UNICEF and its partners through UNICEF & UNFPA Joint Programme to combat FGM/C in order to educate the people of Somalia and changing the government point of view to be more attached to this issue. We will discuss the impact of the actions itself to increase the awareness of Government and community in Somalia.

1.3 Statement of Problem
How did UNICEF-UNFPA Joint Programme promote human security by increasing the awareness of Governments and the community to reduce the practice of FGM in Somalia (2008-2013)?

1.4. Research Objective
First, this thesis research will explain and analyze the value of universalism in Human Rights especially woman’s rights and second, to give explanation and analysis the impact of UNFPA-UNICEF Joint Programme in FGM/C and its partners to increase the Government awareness in preventing the practice of Female Genital Mutilation in Africa particularly in Somalia.

1.5. Significance of Study
This research is expected to be beneficial for:

1.5.1. Academic Community
This thesis research hopefully will be significant for the development of study in International Relations focusing in Human Rights as reference for academic readers who has interest in FGM issues. Furthermore to understand the role of International Organization in promoting human security in particular country.

1.5.3. General Public
This thesis provide the further information and data related to FGM practice, the disadvantages, and also give the explanations why the practice is harmful for woman and girls.

1.6. Theoretical Framework

1.6.2. Human Rights
Human rights are important for every human being and belong to all human being. The main aim of human rights is to protect the dignity of all
human beings regardless of their status and their condition in life. According to Jack Donelly, “Human rights are widely considered to be those fundamental moral rights of the person that are necessary for a life with human dignity.” All human beings are born free and have equal rights and dignity. Thus, human rights are inherent, inalienable, and universal. Human rights are inherent because human rights belong to all human beings from the first time they were born. Inalienable because there is no power that can remove it, not even the government. Human rights are also universal because they apply to all human beings regardless of their nationality, status, gender, religion, age, race or political belief. According to United Nations Human Rights Council (UNHRC):

“Human rights are commonly understood as being those rights which are inherent to the human being. The concept of human rights acknowledges that every single human being is entitled to enjoy his or her human rights without distinction as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

On December 10, 1948, United Nations General Assembly approved the Universal Declaration of Human Rights. The general explanation of human rights states that civil, political and social rights belong to human beings in order to preserve one’s dignity. The thirty articles of the Universal Declaration of Human Rights guarantees protection of the person, of procedural law, classical freedom rights such as freedom of expression, as well as economically,

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social and cultural rights. These rights should apply to all people irrespectively of their race, gender and nationality, as all people are born free and equal. Articles 2 states:

“Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth, or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.”

The concept of universal human rights proves that human rights are owned by everyone including children. The Convention stresses the importance of the human rights of every child. Each and every child has equal and inalienable rights, wherever he or she may live. Following the declaration, the Convention on the Rights of the Children also brought by the UN to the world. The fundamental goal of the Convention on the Rights of the Child is in fact to achieve the realization of all the rights of each and every child under the jurisdiction of the State. Achieving this requires a consideration of the reality of all children, to promote support to those in greater need, and to narrow prevailing social, economic or geographic disparities. It is necessary to address younger children as well as adolescents, girls as well as boys; children in rural and urban areas, including those living in the poor periphery areas; children placed in institutions and children belonging to minority or indigenous groups, asylum seekers and refugee children.

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20 Ibid
22 Ibid
Somalia has signed the Convention on May 9, 2002 and ratified by Somalia on October 1, 2015. The ratification of this Convention by Somalia shows that Somalia was improving the security of children of Somalia life. The government of Somalia starts committed to respect and protects the rights of the children by abandon FGM practice. Government values the human rights in order to achieve the human security of their citizen. The further analysis will be explained in the following chapter of this thesis research.

1.6.1. Human Security

This theory has been used over past two decades to analyze the issues caused by social change. Human security basically having the capacity to give respond towards the issues of human rights to live with dignity. This purpose has been used since 1990s to respect the change of global environment. Human security related more to the security from violence of human being livelihood.

Human security first brought up to public by United Nations Development Programme (UNDP) as written in their “Human Development Report 1994”. Human being are born with certain capabilities and to develop that human need to feel “freedom from fear” and “freedom from want” which are the major component that highlighted in the HDR 1994. According to Commission on Human Security in its report titled “Human Security Now” define Human Security as:

“...to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment. Human security means protecting fundamental freedoms – freedoms that are the essence of life. It means protecting people from critical (severe) and pervasive (widespread) threats and situations. It means using processes that build

on people’s strengths and aspirations. It means creating political, social, environmental, economic, military and cultural systems that together give people the building blocks of survival, livelihood and dignity.”

In the beginning, traditional security concept more concern on how to protect and maintain state’s security from threats which are caused from other state and also military threats from other state. In 1994 when HDR was released by UNDP there was a shift from traditional security to non-traditional security. The concept of non-traditional security more concern on human security and the most related cases are the case of Human Rights. The safety of human being from any kind of insecurities is the concern of non-traditional security. It is about the important of sense of security that must be possessed by every human being and every human being are indeed valuable. It is also about the survival of human being and how to fulfill their needs and also freedom from fear of violence or war because of their gender, religion, and ethnic.

Martha Finnemore a constructivist explains how norms can affect the state behavior. A norm is a standard of proper behavior for actors with a given identity. The norms applicable in one country might be different from other countries because some are regional norms. Finnemore explain that to change the state act it is important to re-construct the norms within the state community.


itself\textsuperscript{27}. Using the norm life cycle from Finnemore, writer will explain the shifting norm in Somalia from traditional security to non-security which is human security. This concept will help to analyze the change in government and community act to be more upholding the security of human being. The reconstruct action is brought and built by \textit{norm entrepreneur}. There are three process stages to change the state act and this process called \textit{norm life cycle}. First is \textit{norm emergence}, second is \textit{norm cascade}, and the last is \textit{internalization}\textsuperscript{28}.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{norm_life_cycle.png}
\caption{Norm life cycle}
\end{figure}

\textit{Norm entrepreneur} as critical actors in \textit{norm emergence} stage are actively built and brought the new norm and empathy is the main reason that motivated \textit{norm entrepreneur} to adopt the new norm. In journal entitled \textit{“Norm Entrepreneurs Scandinavia’s Role in World Politics”} Ingrebritsen points out that norm entrepreneurs can be individual, state, societal actors, or NGOs.\textsuperscript{29} Beside \textit{norm entrepreneur}, the \textit{organizational platform} is also considered as critical actors in this first stage of \textit{norm life cycle}. According to Finnemore, \textit{norm entrepreneur} holds an important role because they are actively built norms in the first place. The new norms are promoted to government through \textit{organizational platform} and along with \textit{norm entrepreneur} they must

\begin{thebibliography}{99}
\bibitem{Ingrebritsen} Ibid page 895
\end{thebibliography}
persuaded.\textsuperscript{30} After \textit{norm entrepreneur} give persuasion act toward the state and the state begin to adopt new norms, then new norm will entering the new stage which is \textit{tipping point}. Finnemore explain that \textit{tipping point} stage happen when one third of the total community starts to adopt the new norm\textsuperscript{31}. After this stage is reached, the cycle will continue to the second stage which is \textit{norm cascade}.

In order to enhance their reputation and legitimacy, states are motivated to adopt the new norms in this \textit{norm cascade} stage. In this stage states along with \textit{norm entrepreneur} and \textit{international organization} will promote new norms to other states. In this stage, states are motivated more by external actors than internal actors and even the pressure from domestic actors are completely absent\textsuperscript{32}. Therefore, the role of international organization is critical in this stage. When other states begin to adopt the new norm, the state will be called \textit{norm follower} and then will continue to the third stage.

Third stage is \textit{internalization}, which is when new norm that have been socialized before become international common norm. In this stage new norm become so widely accepted and the norm also becomes a matter of habit and achieve a “taken-for-granted” quality\textsuperscript{33}.

Human security is constructed and implemented by the international community. However, some states have not implemented this concept yet. In Finnemore point of view \textit{norm entrepreneur} need international platform to promote Human security\textsuperscript{34}. For example the UN formulated seven major dimensions of human security in order to promote this common international

\textsuperscript{30} Ibid page 899
\textsuperscript{31} Ibid page 901
\textsuperscript{32} Ibid page 903
\textsuperscript{33} Ibid page 904
\textsuperscript{34} Ibid page 899
norm. This act has led some countries to change their preference and also led to the establishment of the Human Security Network (HSN)\textsuperscript{35}.

FGM practice in Somalia is one of the example how norm and tradition did not fulfil the Human Security of Somalia’s girls and woman. Therefore, UNICEF along with UNFPA as norm entrepreneur conducts the Joint Programme on FGM to promote the international common human security for people of Somalia. They promotes the security of human being is important thus government have to value the human security first to achieve their national security. The Joint Programme promotes human security through socialization that is the dominant mechanism in norm cascade stage. Afterward this act could lead the acceptance of human security as international common value by the government and improving the state act to abandon FGM practice in Somalia. Furthermore Somalia will be categorized as norm follower.

To understand the correlation between theory, life cycle of norm, and the topic, the theoretical framework of this thesis will be:

Figure 5 The concept of norm life cycle illustrated by writer
1.7. Scope and Limitation of Study

This research will discuss further on the tradition of FGM practice that violate human rights and threaten human security. These abusive tradition practices still exist up until now and mostly linked with the religion belief. This thesis specifically limited on time period from 2008 to 2014 and will focus on one country in Africa which is Somalia.

This research will be focus on Somalia because in Somalia, all of the girls that have been cut experienced infibulation (FGM type 3) the most painful type among all the types of FGM. This thesis also will be focus on 2008 until 2013 because in this range of time, the program of UNFPA-UNICEF takes place. The data provided by
UNFPA and UNICEF on 2008 until 2013 and the final report of the program are comprehensive for this research therefore the research will focus in Somalia from 2008 until 2013.

1.8. Research Methodology

According to Denzin and Lincoln, “Qualitative research involves any research that uses data that do not indicate ordinal values”\(^{36}\). For these authors, the defining criterion is the type of data generated and/or used. In short, qualitative research involves collecting and/or working with text, images, or sounds. It allows for the inclusion of many different kinds of data collection and analysis techniques, as well as the diversity of theoretical and epistemological frameworks that are associated with qualitative research\(^{37}\).

This technique is not utilizing the numerical models, it gives the explanation of contextual analyses, research, perception, dialogues, discussion, reports, and interviews. It gives the complex written explanation on the research issue\(^{38}\). It portray the research of human and their connection with the research topic in the social way. This research technique will lead into better comprehension of social relationship and it will utilize the perception and contextual analyses to have an aftereffect of engaging and narrative practices\(^{39}\).

This method will be the primary method of this research and by using this tool in the research, the writer highly believe that it will help enrich the content of this research. This type of research method will be beneficial for author to analyze the correlation of variables, the influence of UNFPA-UNICEF Joint Programme on FGM to the community and government, and also discussion of response from society to


\(^{37}\) Ibid


increase the awareness of its community and the action of government to take care of FGM issue in Somalia.

The method will be supported by library research by utilizing the facility of Adam Kurniawan Library located in President University, Cikarang, Indonesia and internet research which will provide reports, journals, article and official documents from official website and online library. The period of this research will be between January 2018 to May 2018.

1.9 Thesis Structure

1.9.1 CHAPTER I : INTRODUCTION

This chapter will give a background of the cultural practice of female genital mutilation and also explain about the violation of human rights in general. This chapter also contains with identification of problem, the statement of problem, research objective, the significant of study, theoretical framework, scope and limitation of study, research methodology and the last is the structure of this thesis research. After reading the first chapter, readers are expected to understand the basic knowledge of the issue before get into further analysis in the following chapters.

1.9.2. CHAPTER II : LITERATURE REVIEW

This chapter will contain books, reports, and journal articles as main resources for this research. The books and journals that writer used the most is written by various scholars in order to give deeper understanding to analyze the issue and understand human security theory that used by writer to explain and analyze FGM issues. The reports that the writer used mostly released by International Organization such as UNICEF, WHO, UNFPA, and the UN. These reports provide the accurate data and real cases from the girls that have been under FGM in Somalia. This chapter is expected to give strong foundation in understanding this thesis research.
1.9.3. CHAPTER III : FEMALE GENITAL MUTILATION IN AFRICA AND SOMALIA

This chapter will discuss about the practice of FGM in Africa and Somalia and explain that FGM is an internationally recognized human rights issue. This chapter will also explain about the harm and after-effect of this practice. This chapter also provides the real case from Somalia girls that have been cut in Somalia.

1.9.4. CHAPTER IV: UNFPA-UNICEF JOINT PROGRAMME ON FGM IN INCREASING AWARENESS OF COMMUNITY AND GOVERNMENT IN SOMALIA (2008-2013)

This chapter will analyze the programme that conducted by UNFPA and UNICEF to abandon the practice of FGM. This chapter will explain the joint programme first phase and also will provides the action from actors and government in Somalia in order to educate and increasing awareness to abandon this harmful practice.

1.9.5. CHAPTER V : CONCLUSION

This chapter is the final part of the research which will give the closing statement for this thesis research and also will contain the summary of analysis, as well as answering the research question. This chapter also will give final thought whether UNFPA-UNICEF Joint Programme on FGM success to increasing the community and government awareness or not.
CHAPTER II

LITERATURE REVIEW

This chapter will provide books and journals that used by writer in order to give readers legitimate sources to understanding the issue regarding the topic in this thesis research. This chapter will contain the arguments and perspective from scholars to give deeper understanding to the topic of this thesis research. Some of International Relations book that used by writer will support the theories in this thesis research in order to understand more about the topic in this thesis research. Writer also uses these scholar writings as a support argument for analyzing FGM practice and the role of UNICEF in Somalia. Writer also put medical journal to give explanation about the harm of FGM practice from medical perspective. Here some books and journals to support this thesis research.

2.1 Human Rights in International Relations by David P. Forsythe, Cambridge University Press UK, 2006.40

This book provides an overview of human rights in international politics. Forsythe also examined the standards of Human Rights to global, regional, and national levels of analysis in different chapter. This book consist of four themes which are the Human Rights norms, the “soft” law of Human Rights, the role of non-governmental Organizations, and the changing of the nature of state sovereignty. This book explains how the state sovereignty is not what it used to be. States could share their jurisdiction over Human rights issues with various international organizations and even other foreign government.

40 David P. Forsythe, Human Rights in International Relations (UK: Cambridge University Press, 2006), xx.
One of this book’s chapter focuses on the key role of non-governmental organization. Writer would like to highlight Chapter 8 in this book. In this chapter Forsythe wrote about the process of NGOs in legitimate their human rights movements and Forsythe also wrote about how NGOs mad significant contribution to the negotiation of human rights standards in certain treaties. Several changes written in this book make Forsythe optimistic about the existence of universal human rights in a realist world. Forsythe explain the process of NGOs in taking care of human rights issues. The very first step is NGOs have to collect accurate information to process the case into the next level of proceeding.

The relevant explanations in this book with the main topic of the thesis research will make the writer to be able to understand the basic human rights term in International Relations. Furthermore, this book will provide the deeper understanding about the important role of NGOs in order to handle human rights issues in international relations.

2.2 New Zealand Handbook on International Human Rights by New Zealand Ministry of Foreign Affairs and Trade/Manatu Aorere, New Zealand Government, 2008.41

This book elaborates the history and evolution of Human rights in international stage. This book provides very clear explanation about the nature of human rights that inherent, inalienable, and also universal. Therefore, human rights are belong to all human beings, no one could take them away even the government. Human rights is universal because they apply to all people regardless of their nationality, religion, status, gender, age, political belief, of race. Racial discrimination, women’s rights, children’s rights, and other major issues are explained in this book. On chapter 10 in this book stated that Convention on the Elimination of All forms of Discrimination

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Against Women (CEDAW) is a core instrument in developing women’s rights and the next chapter explain the Convention on the Rights of the Child (CRC) as a tool to increasing the awareness for child’s rights.

Section one in this book provides the evolution of Human Rights from the development history of Human Rights until the history of NGOs that responsible to handle the Human Rights issues in world politics. Based on this book, the very first domestic document which refers to human rights instrument is Magna Carta (1215). This law was established under King John of England by his noble reign. Then come the major developments in Human Rights enforcement during the 17th and 18th centuries from the English Revolution, American Revolution, until French Revolution. These movements lead the rise of Bill of Rights (1688), The Declaration of Interdependence (1776), and The Declaration of the Rights of Man and the Citizen (1789). Then various other states started to adopt their own bill of rights and the early 20th century began to concern about economic, social, and cultural rights. According to this book, Mexico was the first state that put economic, social, and cultural rights in their constitution followed by Russia in 1917.

The second highlight that writer would like to show is in chapter 7. This chapter titled “Non-governmental Organization” and this chapter provides the brief explanation the rise of NGOs. The growth of NGOs has been matched with the development of International human rights instruments and institutions. Humanitarian concern that arose in nineteenth century is the core factor of the rise of NGOs. This chapter provides wide layout of the nature of NGOs and the role that NGOs play in international human rights structure.

The written text of core human rights instruments in this book will give legitimate sources for writer to support the argument. Therefore this book will have a contribution to this research and help the reader to understand more about the instruments to eliminate human rights issues nowadays.

This book provides many arguments from scholars about the culture and human rights. Part two of this book explains about the cultural relativism and the international human rights. This part talks about the international human right which is considered by most people as western human rights who follow the western value. Part two of this book consists of four different topics. The first one is talk about how international human rights evolve and very attached with western value in the eyes of global citizen. The second topic talks about the non-western concept of human rights from Islam value, traditional China value, and also the traditional Africa value. The next topic is talk about the debate between cultural relativism and the universal concept of human rights. The last topic is talk about human rights and the Asian value.

Inside the second topic of the second part in this book, Donnelly highlighted the non-western conception on human rights include the concept of human rights based on African tradition. Scholars argue that African tradition is indeed different from the western tradition that upholds human rights. Penna and Campbell stated that: “African societies had concept and practices of human dignity that simply did not involve human rights”

In this particular part, scholars explain that African community interpreting the value of Human rights in diverse cultural ideology. Therefore, the practices are also different from one another and even different from western value. Although, the traditional African value have different value with the western value of human rights many African traditional societies did respect the western value that underlie human rights.

The opinions in this book explain why until now the practices of FGM in Somalia are still ongoing. The Government is still hard to stop this practice but with the help of international organizations, is expected to be able to change this tradition though thus it takes a long time.

2.4 Female Sexual Dysfunction in Female Genital Mutilation by Sohier Elneil, Tropical Doctor, Sage Publication, London, 2013. 43

This health journal was written by Dr. Sohier Elneil as a consultant Urogynaecologist and Uro-neurologist 44 at University College Hospital and the National Hospital for Neurology and Neurosurgery in London. The argument of Elneil give the writer strong evidence about how FGM practices will harm the health of women. Sexual dysfunctions that will appear after FGM practices become the strong argument to support UNICEF programme in eliminate FGM practices. Moveover, in this journal Elneil also explain about the manifold of psychological complication in African communities.

This journal also provides the several ways to manage the female sexual dysfunction in woman undergo FGM practice. Limited access to healthcare in African country makes FGM victims become more suffering. In this journal Dr. Soheil explains that in handling FGM victims not only in physical form but also in psychological form. Physiotherapy, counselling, cognitive behavioral therapy, pharmacotherapy, and reconstructive surgery are the recommended act given by Dr. Soheil.

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44 a medical professional who is trained in a specialty which is a combination of gynaecology and urology, he/she will deal with problems of the female reproductive system as well as those related to the female urinary tract.
The relevant information from the expert in this journal is expected to become a strong supporting argument for the reader to understand more about the dangers from FGM practices. Therefore, the readers are expected to have a same opinion to eliminate the practice of FGM.

2.5 Human Rights and International Relations by R. J. Vincent, Cambridge University Press, New York, 1986.\textsuperscript{45}

This book provides the explanation about the impact of human rights in international relation focusing on the relations among states. Part two of this book Vincent elaborates the relations of western countries and its role in other countries. In part two of this book Vincent also explains about the human rights in the modern society. According to Vincent, the acceptance of human rights in global levels mostly done by the approaches of institutional organization. The contribution of non-government organization in order to established the regime in regard human rights in global and regional levels will be explained in this book. This book will also provide discussion about the universal value of Human Rights in international relations. In this book Vincent also discuss about how the acceptance of universal value of human rights in plurality values of modern world.

Therefore, the relevant discussion and arguments expected will be supporting argument for this thesis research and will give the reader further information and clearer arguments and discussion from the experts.


This book contains of three parts and writer will be focusing in the second part of this book. The second part of this book which is talk about how do human rights is related to group perspective of rights and culture. The second part of this book also contains four chapters written by four different scholars with four different topics of discussion. The first topic is written by A. D. Renteln and elaborates about the human rights enforcement in diversity of culture. Renteln wrote about the child’s rights and culture and also discuss about FGM in this book.

The hard question is how non-government organizations promote the value of children’s rights when there are the rights of the parents regarding the rights of religion beliefs to perform the tradition of FGM. Yet this practice is violating the rights of children to choice whether they want to be the part of this tradition practice or not. This book is expected to give clear explanation to understand the human rights in diversity of culture.


This journal explains that human security is an important and essential concept in combating threats towards human being which actually requires the use of linkages and dependencies of development, human rights, and human security in handling threats to enhance human freedoms and compliance. The author explained that human

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security concerns on people. Human security theory is using the concept of people-centered, where people become the focus of analysis.

The journal explains protection and empowerment as two prominent concepts in achieving human security’s goal. In the concept of “protection”, there are some threats beyond people’s control. States, regional and international organizations, civil society, NGOs, and the private sector are having a vital role in protecting people from threats. In the other hand, “empowerment” enable people to develop their ability in facing threats, and also help them to find way and solutions to attain human security. The author elaborated that protection and empowerment cannot be separated, they are reinforcing each other.

The author of this journal is using primary sources through research and analysis on the report from Commission on Human Security (CHS). It explained the theory of human security which complements state security and also strengthens and enhances human rights and human development. Human security is not intended to supersede state security. However, they are complementary. In 2005, based on the result of World Summit by General Assembly stated that it is prominent to raise awareness and interest in the concept of human security.

In this journal, the statement from Commission on Human Security, as the commission under UN Secretary-General’s call at the 2000 world Millenium Summit stated that: “human security and state security are mutually reinforcing and dependent on each other. Without human security, state security cannot be attained and vice versa” (CHS,2003).

This journal written by Martha Finnemore, a constructivist scholar of international relations, and also a Professor at Elliot School of International Affairs at George Washington University. This journal also conducted by Kathryn Sikkink. Sikkink is an author in human rights academic field and also a constructivist scholar.

This journal elaborate the changes norm in international political system. Finnemore and Sikkink explain that norms have never been absent from the study of international politics, but the sweeping “ideational turn” in the 1980s and 1990s brought them back as a central theoretical concern in the field. Much theorizing about norms has focused on how they create social structure, standards of appropriateness, and stability in international politics. Recent empirical research on norms, in contrast, has examined their role in creating political change, but change processes have been less well-theorized. Finnemore and Sikkink induce from this research a variety of theoretical arguments and testable hypotheses about the role of norms in political change. Finnemore and Sikkink argue that norms evolve in a three-stage “life cycle” of emergence, “norm cascades,” and internalization, and that each stage is governed by different motives, mechanisms, and behavioral logics.

Writer utilized this journal to analyze the changes behavior of government and community in Somalia. Using the concept of norm life cycle from Finnemore and Sikkink, writer analyze the persuasive act from UNFPA and UNICEF in promoting human security in Somalia in order to abandon FGM practice in Somalia.

CHAPTER III

FEMALE GENITAL MUTILATION IN AFRICA

3.1 Definition of Female Genital Mutilation

According to World Health Organization, “Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”\textsuperscript{49}. According to Stedman’s Medical Dictionary “mutilation was defined as the act of injuring or tampering through lifting or damaging the real and important part of the body”. After read the definitions above we can conclude that the practice of FGM do not have health benefits because it is an activity to destroy female genital tissue that is normal and healthy in the first place, and interfere the function of vital organ of the female body. Even worse could bring physical and psychological injuries for the women that undergo this practice.

3.2 Historical Perspective on Female Genital Mutilation.

The exact date of woman circumcision and the exact time when female genital mutilation started is not very clear. However, according to Greek historical documents such as Herodotus (425 B.C - 484 B.C) and Strabo (64 B.C – 23 A.D) show that female circumcision happened in Ancient Egypt also happened in in the time of Pharaohs\textsuperscript{50}. Female circumcision in Ancient Egypt happened between the years of 1400 B.C and 2000 B.C and apparently was done in religious ceremonies\textsuperscript{51}. Evidence also founded


that infibulation was perform on ancient mummies and they called it “Pharaonic Circumcision” 52. Therefore Egyptians considered as the pioneers of female circumcision tradition. In British Museum show the evidence that this practice also happened in Greek papyrus back to 163 B.C and this practice happened to girls of Memphis when the girls received their dowries before the marriage day53. Some believe female circumcision entering the Africa land when Islam arrived in sub-Saharan Africa. Female circumcision will ensure woman’s virginity and reduce female sexual desire and also believed can control the sexual behavior of woman that undergoes this practice54.

### 3.3 Types of FGM

Practices of FGM vary in each community depending on conditions and tradition within the community itself. Some forms could be more painful than the other and will lead to greater pain and greater health problems for the girls and women. According to the classification published by WHO55, there are four major types of FGM. These are;

#### Type I Clitoridectomy:  
This type of FGM remove the clitoral hood, with or without partial or total removal of the clitoris.

#### Type II Excision:  
This type of FGM same with the type I but with extra removal of libia minora. In some case they also do the partial or total removal of the libia majora. According to UNICEF report this type is the most popular among African countries.

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Type III Infibulation: This type claimed as the most painful type among other. This type of FGM also known as “pharaonic circumcision” that involve the removal of part or all of the female external genitalia or in another word is the partial or total removal of clitoris, libia minora, and libia majora. They also stitching the vaginal opening and leaving a very small opening in a size of matchstick head for urine flow and menstrual blood. This type commonly practiced in Somalia, Sudan, and part of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria, and Sinegal\textsuperscript{56}.The scar needs to be opened before intercourse or giving birth, which causes additional pain and also this type will not allow the girls to use their legs for about a month in order to heal the scars and create formation of scar tissue across the genital area\textsuperscript{57}.

Type IV Other: This type include all type of harmful procedures to female genitalia for non-medical purpose for example pricking, piercing, scraping, cauterizing, and incising the female genital area.

\textsuperscript{57} Ibid
Figure 7 Normal female genitalia

Figure 8 FGM type 1

- clitoris
- labia minora
- labia majora
- external urethral opening
- vaginal opening

A part or all of the clitoris is removed.
Figure 9 FGM type 2

Figure 10 FGM type 3

Source: American Academy of Pediatrics.\textsuperscript{58}

3.4 Cultural, Religious and Social Causes.

Different races and cultures have a variety of reasons for carrying out FGM. In West Africa, this may be related to different ethnic and tribal cultures, family relations, tribal connections, class, economic and social circumstances, and education\(^59\).

Amongst the factors that encourage families to circumcise their daughters is the family’s concern about the girl’s inability to marry if she is not circumcised\(^60\). La Barbera, states that an important part of this goes back to the recognition of women who are not circumcised as indecent which has resulted in the fact that African women do strongly support the action of female genital mutilation in spite of the pain and agony and consider it so vital for their daughters’ future, especially for their marriage\(^61\). Some indigenous Africans believe that circumcised girls might control their sexual desires accordingly after maturity and it protects them from sins and faults, while a great number of Africans also believe that women, who have not gone through circumcision in their childhood, face multiple physical problems at birth\(^62\). It is believed that uncircumcised women have lower fertility powers compared to circumcised women and are not able to control their sexual desires. On the other hand, in the majority of East African countries, female circumcision represents their purity and innocence\(^63\).

Virginity, in a lot of African communities, is valued as a pre-requisite for marriage and equated to female honor\(^64\). FGM, infibulation in particular, is defended

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\(^61\) Ibid

\(^62\) Ibid

\(^63\) Ibid

in this context as it is assumed to reduce a woman’s sexual desire and lessen temptations to have extramarital sex thereby preserving a girl’s virginity.\textsuperscript{65}

Female circumcision in East African countries also has a close relationship with the maturity ceremonies and celebrations which familiarize the girls with their responsibilities as future women of the society; and these ceremonies are cherished in East Africa – as they are usually accompanied with celebrations, coupled with dancing, singing and cooking special dishes – as a part of their oral culture.\textsuperscript{66} In certain communities, where mutilation is carried out as part of the initiation into adulthood, FGM defines who belongs to the community. In such communities, a girl cannot be considered an adult in a FGM-practicing society unless she has undergone FGM.\textsuperscript{67}

FGM is often deemed necessary in order for a girl to be considered a complete woman, and the practice marks the divergence of the sexes in terms of their future roles in life and marriage.\textsuperscript{68} The removal of the clitoris and labia – viewed by some as the “male parts” of a woman’s body – is thought to enhance the girl’s femininity, often synonymous with docility and obedience. Based on Bettina Shell-Duncan an anthropology professor at University of Washington interview stated that,

“...Also, for us, we believe that bodies are natural and perfect. Not everybody believes that. Some people in Africa believe that bodies are androgynous and that all male and female bodies contain male and female parts. So a man’s foreskin is a female part. And for a female, the covering of the clitoris is a male part. The idea of becoming a wholly formed female includes being cut—having any part that is somewhat male-like removed from the body...”\textsuperscript{69}

\textsuperscript{65} Ibid
\textsuperscript{68} Ibid
Also in some community there is a belief that female genitalia are unsightly and dirty. In some FGM-practicing societies, unmutilated women are regarded as unclean and are not allowed to handle food and water. FGM predates Islam and is not practiced by the majority of Muslims, but it has acquired a religious dimension. Where it is practiced by Muslims, religion is frequently cited as a reason. Many of those who oppose mutilation deny that there is any link between the practice and religion, but Islamic leaders are not unanimous on the subject. Although predominant among Muslims, FGM also occurs among Christians, animists and Jews.

3.5 Human Rights and Human Security Violated by FGM

Female genital mutilation (FGM), in any form, is recognized internationally as a gross violation of human rights of girls and women and also threatens the security of human being. The practice does not bring any sort of benefit to the female, but more often the practice would cause a great amount of pain for the subjects, and often leading to more complicated medical risks. The forceful removal of the external female genitalia that is considered to be healthy, and gives no risks to the health of women would cause implications to the natural functions of the female body system, and damaging the tissues of the female genitals. Various international and regional instruments have been also drawn up to protect these rights.

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3.5.1 Right to Health

The International Human Rights law including the Universal Declaration of Human Rights (1948) proclaims the right for all human beings to live in conditions that enable them to enjoy good health and health care. The problems associated with the procedure of FGM often have brutal consequences for a woman’s physical and mental health. All types of FGC have health complications related to the procedure often being performed outside health care facilities by nonprofessionals using unsterile cutting instruments. According to Dalal et al, FGM results in serious health problems such as “infections, abscesses, small benign tumors, hemorrhages, and clitoral cysts”73.

“Depending on what type of FGM is performed, the immediate health consequences of the procedure can include such complications as pain and bleeding that can lead to hemorrhage and even death. Long-term consequences can include irreversible loss of the clitoris, and possibly the outer and inner labia. Chronic infection, infertility, difficult pregnancy and childbirth, as well as painful sexual intercourse and menstruation are also common permanent effects of the procedure”.74

Subjecting person to health risks, in the absence of medical necessity is a violation of that person’s right as using any medication during the procedure is not common which is violations of rights to health.

3.5.2 The Rights of the Child

The victims of this harmful traditional practice are infants, little girls and women ranges between the ages of 7 and 8 after birth and 10-14 years-

old. FGM violates the rights of child because it is usually performed on girls when they are as young as few months after birth to 17 years. This means the practice FGM contravene Art.3 of CRC which stipulates that “…the best interests of the child shall be a primary consideration which is a central notion of the Convention on Rights of Child”. Female Genital Mutilation, FGM poses a serious psychological and physiological health risk to children on whom it is performed.

3. 5.3 The Rights to sexual and physical Integrity

Female genital mutilation violates the rights of women and girls to sexual and physical integrity. Asserted that Violations of the right to physical integrity are most obvious when girls and women are forcibly restrained during the procedure. FGM is practiced without women’s and girl’s full consents. An unauthorized invasion of a person’s body represents a disregard for that fundamental right. One of the reasons behind the practice of FGM is that society believes female sexuality is very dangerous and has to be controlled. Additionally, identified that one of the long term complication resulted from FGM is a pain during sexual intercourse. Women who have been infibulated may experience painful intercourse through their life and even in cases where

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76 Ibid
77 Xiaorong Li (2001) Tolerating the Intolerable: The Case of Female Genital Mutilation 21: 1.
79 Ibid
there is no pain there is no sexual fulfillment. These are clear violations of women’s right to sexuality.

3.5.4 Rights to Be Free From Discrimination.

The practice of FGM is also a gender-based discrimination against women because it has been taken as a pre-requisite for marriage, to gain economic and social security. For instance in Gikuyu society there is a tradition that prohibits men to marry uncircumcised women. As cited by Ashenafi in Gikuyu community;

“A woman without children or an unmarried woman will have a very difficult life and a devastated old age, especially ones without any support from their relatives or community. The whole practice of FGM is the base for marriage. Without undergoing FGM, a woman is denied the right of marriage, in most cases also the denial of receiving bride price. An unmarried woman is an outcast in the society.”

From this, we can argue that putting FGM, as a precondition merely for women to marry is explicitly discrimination against women based of sex.

3.5.5 Free from torture, cruel, inhuman and degrading treatment

The UN Special Rapporteur on Violence against women has clearly stated that FGM amounts to torture. The report “views cultural practices that

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82 Ashenafi Mogens, “FGM Myth and Judisfication,” Eighth International Meropolis Conference Vienna, 2003, xx
involve pain and suffering and violation of physical integrity”\textsuperscript{83} as amounting to torture under customary international law, attaching to such practices strict penal sanctions and maximum international scrutiny regardless of ratification of CEDAW or reservations made thereto (END FGM - European Campaign, P.12). Generally, regardless of the reasons for its practice, FGM is a traditional harmful practice that violates the rights and dignity of women and girls, the rights to health and life (in a case when the procedure result into death), sexuality and physical integrity of the person, the right to be free from torture and degrading treatment.

3.6 FGM in Somalia

Somalia is strategically located in Eastern Africa, bordering the Indian Ocean to its east and sharing international boundaries with Kenya, Ethiopia and Djibouti. In addition to ties with other African countries, it has close historical links with the Arab world and has a population of approximately 10 million\textsuperscript{84}. While Somalia is generally recognized as a culturally, linguistically and religiously homogenous society, ethnic and other minorities do also exist\textsuperscript{85}.

As indicated by UNICEF data, Somalia is a nation with 98% of girls that have been cut through the FGM practice. Every one of them is around 4 until 49 years old and the majority of them are little girls\textsuperscript{86}. They encountered FGM type three, which is the most painful type among different type as indicated by WHO classification. The traditional practices will do the total removal of the clitoris, cut the libia minora and libia majora, and then the wound will sewn up with the vagina, leaving a little hole the


\textsuperscript{85} Ibid

size of a match head to pass the urine and menstrual blood. Girls are cut in unsanitary condition, with unsterilized equipment and without anesthesia\textsuperscript{87}. Most of the practices are handled by traditional practitioners in some rural area. When it comes to holiday season, parents will bring their daughters to be cut in some rural area.

Khadija, when she was 10 years old she begged her mother to do the circumcision on her because all of her friends have had it done and she did not want to be the odd one out. She wants to be circumcised to get the acceptance from her surrounding but her mother was never allowed her. Finally when she was 11 years old she was circumcised. To help the stiches heal, they have to tight her legs together because she was experienced FGM type 3. In that time Khadija was live in war-torn area in Somalia. She needs her legs to run away from the war but that was so hard because her legs were tight together for the healing. Khadija said that the moment of the circumcision she was being skinned alive that was very painful. This could happened to Khadija because the lack of knowledge and education.

Also when the war time, a lot of Somalia girls become refugees and moved to developed countries. For example Jaha Dukureh was a refugee in UK and also one of the FGM victims, she gained better education in UK since UK is developed country. When she became well-educated, she will back to Somalia and educate the people of Somalia. Untill now Jaha Dukureh become woman activist in promoting the harm of FGM practice.

Before Joint programme came to Somalia, the community in Somalia was afraid to speak up. The parents afraid to speak because they are afraid when they speak and try not to circumcised their daughter, the daughter will not be able to married and also will not be accept within community. The other factor that make Somalia as number one country in FGM practice is the practitioner earn their living by cutting the

girls thus they cannot stop the practice. Whenever parents bring their daughter to them, they cannot refuse because they have to fulfil their needs.

According to UNICEF report Somalia is challenging country to be influenced and also have slow progress in abandon FGM practice. Education is the only way to prevent this issue to keep continues.
CHAPTER IV

UNICEF – UNFPA JOINT PROGRAMME ON FGM IN INCREASING AWARENESS OF SOMALIA GOVERNMENT

4.1 Introduction

Female genital mutilation/cutting (FGM/C) deprives girls and women of bodily integrity and subjects them to degrading and inhumane treatment. Culture practice of discrimination against women and the desire to control their sexuality, FGM/C is linked to the unequal position of women in the political, social and economic spheres of the societies where it is practiced. FGM/C violates multiple basic human rights, including the right to life, to physical and mental integrity, and to the highest attainable standard of health. It abrogates the right to be free from gender discrimination, violence and torture, and infringes the rights of the girl child. FGM/C is considered to be a harmful cultural practice and a form of violence against women and girls; it violates the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Moreover, because FGM/C is regarded as a traditional practice prejudicial to children’s health and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child. Such situation is very contradictory with the value of human security. Human security—which has been mentioned in the first chapter is to protect human being from fear or from violence. Human security first

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introduced by UN as a new norm and UN also make serious effort to promote this new norm become international common norm.

The Joint Programme on Female Genital Mutilation/Cutting (FGM/C) “Accelerating Change” is collaboration between the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) and is the main United Nations (UN) instrument to intensify the abandonment of FGM/C. This programme is also an instrument to promote the human security values in Somalia and promote that every human being are valuable.


Based on Finnemore, Human Security as a new norm has to be promoted by norm entrepreneur. In this case, UNFPA and UNICEF categorized as norm entrepreneur. They need to promote human security value so they can fulfil the human rights value. Starting from 2004, UNFPA and UNICEF began to re-focus attention on FGM/C. In 2005 the UNICEF published the Innocenti Digest on FGM/C and in 2007. UNFPA organized the Global Consultation on Female Genital Mutilation/Cutting, in Addis Ababa, to bring together global experts and practitioners, non-governmental organizations (NGOs), United Nations and international development agencies, academia and government representatives. The meeting was arranged to convey a global message on the urgency of abandoning FGM/C, based on human rights, health and development principles. The consultation laid the groundwork for strategies, capacity-building and consensus on how to accelerate the abandonment of FGM/C in one generation. Informed by outcomes of the Global

91 Ibid
92
Consultation, UNFPA and UNICEF launched the Joint Programme in 2007, with the broad objective of reducing the practice of FGM/C among girls aged 0-15 years by 40 per cent, and eliminating FGM/C in at least one country by 2012\(^93\).

Originally phase I meant to span the four-year period of 2008-2012, the Joint Programme was extended through 2013 to provide additional time to meet resource mobilization targets and fulfil implementation obligations. The UNFPA-UNICEF Joint Programme “Female Genital Mutilation/Cutting (FGM/C): Accelerating Change” aimed at accelerating the abandonment of FGM/C in programme countries over the period 2008-2013. The Joint Programme provided an excellent framework for better addressing both Rights Holders (girls and women, whose rights are violated by FGM/C), and Duty Bearers (Governments and all those working with girls and women, who all have the duty to eliminate FGM/C)\(^94\). The Joint Programme has maintained a consistent focus on changing the value attributed to girls and women affected by FGM/C throughout its six years. Enabling their potential, empowering their aspirations, and ensuring their protection has constituted a core of the comprehensive human rights-based and culturally sensitive approach of the programme\(^95\). According to the explanation from Finnemore, the core activities that *norm entrepreneur* does in *norm cascade* is socialization. This programme basically aims to educate people through socialization. Therefore, we can say that this programme used by *norm entrepreneur* as dominant mechanism in *norm cascade* stage.

The Joint Programme also supported countries’ efforts to prevent and stop the medicalization through a number of strategies. For the period 2008-2013, a total of

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\(^95\) Ibid
5,571 health facilities have integrated FGM/C in their antenatal and postnatal care⁹⁶. A total of 100,170 doctors, midwife and nurses have been trained on integrating FGM/C into services⁹⁷. This has contributed to the strengthening of capacities for FGM/C-related prevention, response and tracking in the health sector. Progress has also been made in integrating prevention activities into school curriculums⁹⁸. Educational activities and community dialogues created a non-threatening space where people could reevaluate their own beliefs and values regarding FGM/C. A total of 20,941 religious and traditional leaders made public declarations delinking FGM/C from religion since 2008⁹⁹. Furthermore, 2,898 edicts were issued in support of abandonment of the practice. The programme and its implementing partners also engaged with traditional leaders, such as community elders, to secure their support. The programme also facilitating public declarations of FGM/C abandonment was a broad strategy used in different countries, incorporating various modalities of community engagement, education, and outreach. By 2013, a total of 12,753 communities committed to abandon FGM/C representing about 10 million people¹⁰⁰. The media also played an important role in efforts to end FGM/C, as millions of people were reached. More than 26,147 newspaper articles, and TV and radio programmes discussed the benefits of ending the practice, and contributed to shape the ongoing public discourse on FGM/C¹⁰¹. Involving national and local media, including local/
community radio in local languages, as well as print media, posters, billboards etc. was instrumental to spread information including in remote, rural communities.

According to the report, The UNFPA-UNICEF Joint Programme on FGM/C expected two main outcomes: national and community-level change in the social norm towards the abandonment of FGM/C, and a stronger global movement towards abandonment of FGM/C in one generation. Building on evidence-based strategies identified in the Interagency Statement, 4 complementary outputs were supported in Somalia102:

1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.
2. Local-level commitment to FGM/C abandonment.
3. Media campaigns and other forms of communication organized and implemented to support and publicize FGM/C abandonment.
4. Consolidation of partnerships with religious groups and other organizations and institutions, and identification and fostering of new partnerships.

The outputs above will be explained in the following section of this fourth chapter.

By 2013, the final year of Phase I, the work of previous years was evident in notable accomplishments such as expanded political will by Governments to openly condemn the practice, to describe their actions across sectors to end FGM/C, and to invest resources in implementation and coordination of policy also enhanced capacity of government authorities to respond to FGM/C using appropriate legal frameworks103.

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103 UNICEF and Maggie Black, Eradication Of Female Genital Mutilation In Somalia, (UNICEF, 2013).
4.3 Positive Response to Increasing the Awareness

During 2008-2013, the Joint Programme experienced both achievements and challenges in fulfilling its objectives. Overall, strong contributions were made in strengthening local-level commitment to abandoning FGM/C, as well as legal and policy frameworks, and in engagement with organizations and development partners. Coordination among national and community-level actors led to stronger national ownership, capacity and leadership for the abandonment of FGM/C. The changes that occur within community are positive response toward this programme. Based on norm life cycle stage we can analyze that several changes and the increasing of awareness within community is when it reached the *tipping point*. When the *tipping point* has been reached, means that there has been change within community. The community begins to adopt the Human Security value. This part will elaborate the increasing of awareness from influential actors in community which are Somalia religious leaders and Somalia young generations.

4.3.1 Somalia Religious Leaders Speak up

Despite the negative serious health consequences and efforts to abandon the practice, it has persisted due to a common belief that it is a religious obligation, among other notions. Many Somalis believe that stopping the long-held tradition “will unleash the anger of God,” on them and that women who are uncut are “not spiritually clean and they cannot pray”\(^{104}\). They are seen as “unpurified Muslims who are shameful to their traditions and culture”\(^{105}\).


\(^{105}\) Ibid
In Somalia, as in many other countries where the influence of Islam is pervasive, the role of religious leaders, particularly their views and position on FGM, is critical in convincing individuals, families and communities to halt the practice. Religious leaders play an important and often a decisive role in furthering the campaign to accelerate the abandonment of FGM. As spiritual guides and counsellors, the views and position of Islamic clerics on the long-held social and cultural convention of FGM are vital in convincing followers to abandon the practice. Explicit public declaration by clerics, including highly respected and authoritative scholars, is a powerful means of persuasion and a compelling testimony that change and a shift in social norm is possible.

Important role of religious leaders in obliterating the practice of FGM, UNFPA in partnership with UNICEF, has been working with Islamic scholars and religious leaders across Africa, including Somalia. Engaging one of the most influential groups in Puntland – the Somali Sheiks and Imams – has not only led to public anti-FGM declarations by religious leaders but the signing of a ‘Fatwa’ or religious ruling against all types of the practice.\(^\text{106}\)

### 4.3.1.1 Strategies

Religious leaders and scholars, however, are divided on their interpretation of the Qur’an and other Islamic teachings on how best to address the practice of FGM. There are those, like the religious leaders in Puntland, who advocate for the abandonment of all types of FGM. On the other hand, there is a group who believes that the ‘Sunna’ type of circumcision on girls is an Islamic tradition and should not be abandoned. Those who assert for total abandonment maintain that the Prophet Mohammed (PBUH) was particularly concerned about the

good treatment of women, and that he preach Muslims not to cause damage to themselves or others, and that even the ‘Sunna’ type of FGM is not mild: it is damaging, painful and a traumatic experience that is prohibited (‘haram’) in Islam and falls under the category of disliked (‘makruh’) practices.107

Various strategies have been adopted in engaging and mobilizing Somali religious leaders in all three regions to address issues relating to the practice of FGM, particularly in light of the widespread perception among their followers that it is a religious requirement. Workshops, seminars and training for religious leaders have been conducted to raise their awareness, sensitize and educate them on the negative and harmful effects of FGM on the health and well-being of women and girls.108 Other topics have also been included, such as reproductive health, HIV/AIDS and child and women’s rights. Meetings and dialogue among clerics have been convened to enable them to exchange views and discuss privately among themselves Islamic teachings that relate to FGM and the impact of the practice on their followers, especially on women and girls.

As the most influential and trusted authority in terms of religious guidance, the perspective, pronouncement and endorsement of highly respected Islamic scholars in and outside Somalia are considered vital in accelerating and eventually ending the practice.109 In Puntland, a series of regional dialogue was convened that brought together more than 350 Sheikhs to deliberate and come to a consensus

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108 Ibid
on a religious ruling outlawing all types of FGM\(^{110}\). Deliberations among prominent religious leaders and local Islamic scholars also took place to discuss, among others, the content of the proposed ‘Fatwa.’

Religious leaders, government officials and traditional leaders in Puntland went on a study tour to Sudan and Sudanese religious scholars worked with Puntland religious leaders in drafting the proposed “Fatwa”. Twenty-five prominent religious leaders in Puntland, consisting of Imams and Sheikhs, held a substantive dialogue focusing on gender-based violence prevention, including halting the practice of FGM in the region. They issued a message that clearly conveyed that, among others, “There is no single verse in the Qur’an that obligates Muslims to circumcise their daughters”\(^{111}\), helping pave the way for the incontrovertible release of the proposed ‘Fatwa.’ A committee composed of seven religious leaders from the group was formed that drafted the final version of the ‘Fatwa.’

### 4.3.1.2 Progress and Result

In November 2013, Puntland Islamic scholars declared a ‘Fatwa’ calling for a “complete stopping” of all types of FGM, including ‘Sunna’\(^{112}\). The religious leaders maintained that their united stand against the practice is “in line with the guidance from Qur’an and


authentic tradition of the Prophet (PBUH)”. They stated “all Somalis, particularly those living in Puntland to abandon, for the sake of Allah, [the] harmful practice and any other acts outside the guidance of Islamic religion”\textsuperscript{113}.

UNFPA and UNICEF continue to work together to organize training programme and targeting 700 religious leaders in Somalia to strengthen their role as influential actors in community and also to conduct effective dialogue with communities regarding FGM issues\textsuperscript{114}. The well-trained religious leaders also formed a Religious Leaders’ Network consist of 240 Sheikhs in Somalia\textsuperscript{115}. This network itself has become a tool to mobilized wider community in campaign to abandon FGM practice. Approximately 500,000 community members gain more knowledge of the harmful effect of FGM practice therefore, the practice must stop\textsuperscript{116}. Religious leaders usually conduct the dialogue through informal session and even through Friday prayer preach.

\textsuperscript{113} Ibid
\textsuperscript{115} Ibid
\textsuperscript{116} Ibid
According to UNICEF annual report in Somalia, there has been increasing number of Religious leaders in delinking FGM from religion. As we can see from figure above in 2011 there are around 677 religious leaders and continue to increase and in 2013 the number increase rapidly to 2000. Religious leaders prove the essential role that role by them are important in raising the awareness of FGM practice and creating an enabling environment for behavioral change.

4.3.2 The Somaliland and Puntland Youth Peer Education Network

Building on initiatives that have demonstrated success in reducing the prevalence of FGM, UNFPA in partnership with UNICEF joined forces to accelerate its abandonment across Africa, including Somalia. Among other initiatives, community engagement through education and dialogue involving various groups, including young men and women, has slowly been making an

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impact in altering perception and attitude towards the harmful practice. According to the Population Estimation Survey 2014, conducted by UNFPA, about three-quarters of Somalis are below 30 years, and around 46 percent of the population is below the age of 15\textsuperscript{118}. Thus, targeting the young people for the efforts to eliminate all forms of FGM is a must. Young people’s readiness for change regarding FGM is evident with their increasing engagement and support in accelerating the process of abandonment. Public declaration of young men pledging to marry only uncut women and younger women having less interest than older women in continuing the practice suggest that the Somali young people are important catalyst of change in promoting the end of FGM.

Puntland Y-peer Network (PYPN) or also known as Y-PEER is a groundbreaking and comprehensive youth to youth initiative pioneered by UNFPA; the network was established in September 2009 after 28 Y-peers have been trained as TOTs on 2008\textsuperscript{119}. PYPN is a community-based, non-profit making and non-political youth network and also an active member of Global Youth Peer Education Network. This partnership paves the way for experience sharing and enriching the activities of our organization. The network focuses on programs such as reproductive health (HIV/AIDS and STI) and Human rights, child protection and asylum seekers). The development of sustainable livelihood and environmental protection activities all over Puntland is pivotal in the revival of a progressive, violent-free society which embraces universal human rights principles as enshrined in national and international frameworks. The latter include: UN Charter on Human Rights and Freedoms; Child Rights Convention (CRC), Convention on the Elimination of Discrimination and Violence against Women (CEDAW); And UN Convention on the Rights


of People with Disabilities (UNCRPD). Peer education approaches will be used to improve knowledge, attitudes and habits of young people to improve their standard of life.

4.3.2.1 Strategies

Since the central focus of Y-PEER, youth organization in Somalia led and coordinated by Y-PEER to actively involved in various initiatives to accelerate the abandonment of FGM practice in Somalia. Youth organizations have tapped social media to advocate for FGM abandonment primarily among their friends and peer groups. The “Facebook,” in particular, has been a very popular and powerful channel where messages, photos and articles are regularly posted. It has served as a forum connecting and bringing together young Somalis in cyberspace, including those in the Diaspora, where they share, discuss and exchange views about the practice. The articles posted are intended to enhance knowledge, increase understanding of the negative consequences of FGM and convey the message that it has no religious ground. The technology has also been used in inviting individuals and groups to participate in various anti-FGM events, including an organized collective action, such as the peaceful demonstration held in the streets and in front of the Parliament in Puntland to protest a legislation that would allow girls to undergo the “Sunna” form of FGM.

Anti-FGM clubs have been formed in high schools and universities that provide a platform, especially for boys and young men,  

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120 UNICEF and Maggie Black, Eradication Of Female Genital Mutilation In Somalia, (UNICEF, 2013).
to explore issues surrounding sexuality and the impact of FGM on girls and women. Club activities have included, among others, sponsoring talks and lectures by highly trusted people in the community, such as religious leaders and doctors, on their views about FGM and the important role of students in abandoning the practice\textsuperscript{122}. Club members also conduct role-playing exercises on how they can effectively convey anti-FGM messages and convince their peers, parents, relatives and the community at large to stop the practice. Young men club members have publicly declared that they will only marry women who have not been cut.

The youth networks have been engaging community members, including those living in remote areas, in conversations that focus on the goods in abandoning the practice of FGM. They focusing in deliver the messages in fun way for the youth. The young people deliver their messages through drama, comedy, poems and songs that resonate with various members of the local community. Youth organizations have continued to conduct media campaigns through print publications, radio, television and billboard messages that have stimulated public interest and raised awareness on the human rights and reproductive health aspects of FGM, including the irreversible lifelong health risks faced by women and girls that have been cut.

4.3.2.2 Progress and Result.

Facebook and Twitter have been effective social media channels tapped by Somali youth to advocate for FGM abandonment

with messages, articles, photos and links sensitizing over 5,000 young people on the topic. Local youth have also been able to link up with other Somali young people living overseas, particularly those who have shown great interest on issues relating to the practice. In Puntland, a Facebook page devoted solely to FGM issues, www.facebook.com/pages/puntland-fgm-coordination, is visited by over 3,000 youth each day. In Somaliland, more than 3000 students are connected to the Y-PEER Facebook page for ending FGM. Press releases, including more than 60 articles and stories on FGM abandonment specifically focusing on youth have been published in local newspapers and magazines in Somaliland with about 6,000 copies printed and distributed to an estimated 10,000 readers. In addition, some 300 advocacy booklets have been distributed to secondary schools and universities throughout the region to increase awareness on the rights of girls and women and the negative health consequences of the practice, among others. In Puntland, over 500 copies of a popular monthly youth magazine, “Himilo,” carrying articles and stories about the negative impact of FGM are printed and disseminated to a large section of youth in the region.

Media campaigns on FGM abandonment through television and radio, such as talk shows, soap operas, phone-ins in the local language and panel discussions often comprised of religious leaders, female doctors, youth and government representatives, among others, have been spearheaded by youth organizations. In Puntland, a forum aired

125 Ibid
127 Ibid
live on radio on the role of youth, health consequences, protection of vulnerable girls and role of religion in ending FGM reached about 30,000 people in and outside the region\textsuperscript{128}. Video clips of community and youth dialogue on issues relating to the harmful practice have been aired in cable television broadcast reaching approximately 40,000 households\textsuperscript{129}.

In South Central and Puntland, huge and highly visible billboards with messages promoting marriages of girls who have not been cut have been erected in the town centers and often crowded areas, such as bus stations, shopping centers and markets, which have sparked public debates on FGM abandonment\textsuperscript{130}. Other thought-provoking messages in the local language include “There is no changing Allah’s creation” and “I choose my bride based on love and integrity.” The goal is to reach as many people as possible from all walks of life, including and especially young men\textsuperscript{131}. Also male youth declared that they will not marry women who have been cut.

\textsuperscript{128} UNICEF and Maggie Black, \textit{Eradication Of Female Genital Mutilation In Somalia}, (UNICEF, 2013).
\textsuperscript{129} Ibid
\textsuperscript{131} Ibid
According to UNFPA report, anti-FGM clubs have been formed in schools and universities throughout the various regions, including six new ones in Hargeisa, Gollis, Alpha, Adamas, New Generation and the International Horn University. A total of 36 clubs continue to motivate and facilitate the active involvement of students on various activities relating to ending the practice of FGM\textsuperscript{132}. According to figure above, in Somaliland, some 2,000 students from secondary schools and universities have been providing training to other peer groups in the region on the harmful effects of FGM and sexual and gender-based violence. The number of youth reached through the anti-FGM school and university clubs has been growing from just over 5,000 in 2011 to 8,600 in 2013\textsuperscript{133}.

A growing number of Somali youth, including young men, have been publicly renouncing the practice of FGM. In Puntland, the Youth Network on FGM Abandonment organized a National Youth Conference where over 350 adolescents signed a public declaration

\textsuperscript{133} Ibid
abandoning the harmful practice. In Somaliland, 50 young men said “No” to FGM and publicly pledged that they will not marry girls that were circumcised during the commemoration of the International Day of Zero Tolerance to FGM.

4.4 The Improvement of Government in Reducing Practice of FGM in Somalia

Just four months after the ‘Fatwa’ against the practice of FGM was issued, the President of Puntland enacted a new law banning FGM in March 2014. The Government policy states that it aims for a total abandonment of FGM practices through effective abandonment strategies and approaches for sustainable behavior change both at the family level and society at large. These include working with religious leaders and health professionals, sensitizing the community, using the media, providing access to quality reproductive health services and generation of reliable FGM data.

Puntland’s President, Abdiweli Mohamed Gas, signed the policy on International Women’s Day – 8 March. The policy was approved by the Cabinet in December 2013. UNICEF through the Joint UNICEF/UNFPA Program and the Joint Health and Nutrition Program supported Puntland’s Ministry of Women, Family and Social Affairs to develop the anti-FGM/C policy along with other Ministries, Parliamentarians, civil society and religious leaders. The policy states that it aims for:

“Total abandonment of FGM/C practices in the Puntland through effective Government FGM/C abandonment strategies and

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135 Ibid
approaches for sustainable behavior change at the family and at the society levels.”  

The Puntland Government passed a law in 2011 banning the most extreme forms of FGM/C. In 2013 Islamic scholars in Puntland issued a religious decree ‘fatwa’ banning FGM saying it had no basis in Islam. Activists now hope that legislation will be passed banning all forms of FGM/C. Puntland is the first region in Somalia to adopt an anti FGM/C policy. It is also banned under the current draft Constitution of the Federal Government of Somalia. A draft decree outlawing FGM/C in Somaliland is awaiting consensus from religious leaders and will then be presented to the cabinet for approval.

In February 2018 the Ministry of Religion Affairs also declare fatwa in banning FGM practice in Somaliland. The fatwa – issued coinciding with the International Day of Zero Tolerance for Female Genital Mutilation. Religious affairs minister Sheikh Khalil Abdullahi Ahmed hailed the fatwa, which effectively criminalizes FGM. He stated that:

“‘It’s forbidden to perform any circumcision that is contrary to the religion which involves cutting and sewing up, like the pharaoh circumcision. Any girl who suffers from pharaoh circumcision will be eligible for compensation depending the extent of the wound and the violation caused. Any one proven to be performing the practice will receive punishment depending on the extent of the violation.””

When governments already show their acceptance and increasing their awareness toward FGM issue, based on the theoretical framework we can say that this stage almost reach the internalization stage of norm life cycle. This stage when government and community agreed to adopt Human security as a new norm and

together increasing the awareness within their society. UNFPA and UNICEF as norm entrepreneur has already perform their role properly thus the purpose to promote Human security successfully achieved. Human security is already considered important by the government of Somalia and UNFPA-UNICEF Joint programme has managed to reconstruct the human security value from traditional security become non-traditional security.
CHAPTER V

CONCLUSION

Somalia has become the country with the highest rate of FGM practice among African Countries and most of them are children. The circumcised girls and woman in Somalia experienced the most severe type of FGM. Various factors such as wrong belief, strong culture, acceptance and lack of knowledge contribute to on-going practice. This practice is already known as international human rights issue that violates the rights of children and the rights of woman. This practice also becomes the opposite of human security value which is freedom from violence.

UNFPA and UNICEF conducted Joint Programme on the Abandonment FGM to overcome this issue. In Somalia, UNFPA and UNICEF work hand in hand with influential actors in educate people of Somalia and change their wrong belief. UNFPA and UNICEF work together with religious leader such as Ustadz and Sheikh in delinking FGM practice with religious teaching. UNFPA and UNICEF also work together with youth generation in Somalia and utilized social media or even use art performance to educate young people. Therefore the awareness of both government and community experiencing changes.

UNFPA-UNICEF Joint Programme of FGM generates increasing of 1323 Religious leader as influential actors start to ban the practice of FGM by issued a fatwa to prohibit the practice and also the number of students join anti-FGM clubs increasing 3330 within three years. Furthermore after the fatwa, government of Puntland establish local law in eliminate the practice of FGM. The establishment of fatwa and local law from government show that human security is already considered important. Although this is a slow process to achieve the total abandonment of FGM practice, gather and get support from communities and government is the only way to save the children’s future.
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APPENDIX

APPENDIX 1. Religious Fatwa for Banning All Forms of FGM/C

For several centuries, Somali communities have been exercising different forms of female genital mutilation / cutting (FGM/C) subjected to young girls of age 6 to 10 years. According to statistical surveys, 98% of girls and women experienced FGM/C, which is not an Islam practice.

The Puntland government and civil society groups have been engaged for year in efforts of educating public and communities on the harms of FGM/C. They together advocated for stopping the harmful practice.

In view of that, a National Religious Leaders forum jointly by Ministry of Justice, religious affairs and rehabilitation (MoJ), Ministry of Women and Family Social Affairs, and Ministry of Health, issued a religious FATWA that bans all forms of female genital mutilation / cutting (FGM/C) which is practiced in Somalia, particularly in Puntland.

FATWA:

Following a series of religious leaders’ dialogue and debates on FGM/C, and considering prevalent Islamic thinking on the matter, the national religious leaders agreed on a common view regarding the FGC/C, which is in line with the guidance from Quran and authentic tradition of the prophet (PBUH) as summarized below:

- There is no verse in the Quran that could be used as evidence for (doing) FGM/C.
- It is a proven fact that female circumcision entails mutilation and altering the bodies of person who undergoes and this is contrary to numerous verses of Quran.
- All medical doctors agree that FGM/C results health problem to girls and women.
- That FGM/C results negative socio-economic consequences to the families and communities.

Therefore, the religious leaders calls for a complete stopping of the FGM/C which is commonly practiced everywhere in the country. The religious leaders at same time urge all Somalis, particularly those living in Puntland to abandon, for the sake of Allah, this harmful practice and any other unlawful acts outside the guidance of Islamic religion. The religious leaders use below mentioned Quran versus and Islam teachings in support of the FATWA:

A. “You will not see any flaw in what the Lord of mercy creates”. (Quran: 67:03)
B. “...and there is no changing in Allah’s creation…” (Quran 30:30)
C. “Cause no harm and do not reciprocate harm” (Hadith)
D. And relevant Fiq principles that ban any harm to personality safety of human being.

May Allah Guide us to the righteous path!
APPENDIX 2. UNFPA-UNICEF Joint Programme Summary Report Phase I
Partnership, technical expertise, evidence and political will are the pillars of the global movement to protect girls and women from FGM/C that has taken shape since 2008. Through its extensive presence and documentation of field activities, the Joint Programme has contributed to the movement’s content. As a convener of stakeholders to share experiences it has fostered the movement’s forward momentum.

The timeline in Table 2 illustrates the Joint Programme’s consistent engagement at the global level with a wide variety of stakeholders – advocating for an end to FGM/C in this generation, building evidence and refining theory, and providing technical assistance.

**Main achievements**

The Joint Programme has maintained a consistent focus on the girls and women affected by FGM/C. Recognizing their potential, empowering their aspirations and ensuring their protection is fundamental to its approach and implementation. As the Joint Programme adapted and applied the global framework to local realities, it has promoted evidence-based national strategies that are changing how families and communities view the practice, while supporting national and community efforts to end FGM/C.

A solid collaboration between two highly respected United Nations agencies – UNFPA and UNICEF – is the Joint Programme’s foundation for success. Since 2008, it has contributed to the acceleration of commitments by duty bearers, families and communities at all levels to eliminate FGM/C. From the girls and women who are directly affected, to families, decision makers and influencers, progress has been broad-based and far-reaching, including:

- Public declarations of commitment to end FGM/C from 12,753 communities, representing more than 10 million people across the 15 programme countries.
- Expanded political will by Governments to openly condemn the practice, to describe their actions across sectors to end FGM/C, and to invest resources in implementation and coordination of policy.
- Enhanced capacity of government authorities to respond to FGM/C using appropriate legal frameworks.
- Endorsement and uptake by the global community of Governments, United Nations agencies and other partners of the programmatic approach that employs a social norms perspective to guide the selection of strategies and activities that will be most conducive to self-sustained social change.
- Unanimous adoption by the United Nations General Assembly of Resolution 67/146 (20 December 2012) on intensifying global efforts for the elimination of FGM/C.

By 2013, the final year of Phase I, the work of previous years was evident in notable accomplishments, including those outlined in the following paragraphs.

African Union Member States, who led the push in the United Nations General Assembly to adopt Resolution 67/146 on eliminating female genital mutilation, sought to popularize global advocacy and emphasize the importance of communities in ending harmful practices. The 2013 Day of the African Child focused on ending
harmful practices. From Addis Ababa to Bamako, New York to Juba, the agencies joined hands with the African Union to commemorate efforts made by African States and communities to promote social change and end harmful practices affecting children.

In the year following the Resolution, a number of initiatives were undertaken to disseminate its content and advocate for its uptake. For example, a collaborative agreement was established by the African Committee on the Rights and the Welfare of the Child, the African Union, the Inter-African Committee on Harmful Traditional Practices, the United Nations Economic Commission for Africa, UNFPA and UNICEF to expand advocacy for ending FGM/C.

The global Joint Evaluation\(^5\) conducted by a team of independent consultants, and published in September 2013, was a milestone in the programmatic evidence base, marking the first time FGM/C was the topic of such a comprehensive United Nations multi-country evaluation. While confirming that the Joint Programme’s actions have stimulated an acceleration of change at the community, national, regional and global levels, it provided valuable insights into the advantages and challenges of joint programming.

In October 2013, the International Conference on Female Genital Mutilation/Cutting, organized by the Joint Programme and the Government of Italy, in collaboration with the Italian Association for Women in Development (AIDOS) served as a forum for the discussion of intensifying commitments to end FGM/C and take the Joint Programme to the next level. Representatives from nearly 30 Governments, civil society, and continental and regional institutions gathered in Rome and participated in panel discussions on the use of legislation, going to scale, policy and coordination, and regional and global perspectives. The outcome was a renewed framework of understanding and momentum for the Joint Programme’s second phase – and the “Moving Forward Statement”\(^6\) developed during the conference was submitted to the United Nations General Assembly.

Building consensus

During the past five years, an increasing global commitment to end FGM/C has fuelled the movement to protect girls and ensure their full development. The vision for change has been built by a wide array of stakeholders. As one among many important actors, the Joint Programme has contributed technical expertise, ability to convene a wide variety of stakeholders, and strong relationships with national-level Governments and with the civil society partners that represent a diverse array of capacities.

During treaty body deliberations, United Nations commissions, General Assembly sessions, and meetings of regional/continental bodies, the Joint Programme contributed substantial documentation on national and decentralized progress. In turn, the growing support for the programme’s vision emboldened countries’ resolve to take action towards a future free from FGM/C.


Regional-level work began with the involvement of UNFPA and UNICEF regional offices, and regional and continental institutions, as well as international NGOs. No Peace Without Justice, for example, received support to organize parliamentarian hearings and regional conferences in Africa.

The programme also supported Governments to organize meetings and discussions in New York, Geneva and other locations, during which global policy developments and national progress could be shared. Governments, civil society and United Nations agencies shared their contributions to the global movement during sessions of the Commission on the Status of Women and the General Assembly. Subsequently, the Joint Programme created widespread knowledge about its content in order to generate further commitment from Governments and civil society.

Over the past five years, the Joint Programme participated in global and national observances of the International Day of Zero Tolerance of FGM/C, held annually on 6 February. The contributions of UNFPA and UNICEF at the country level ranged from co-organizing press releases, panels and social mobilization to support communities to hold public declarations of abandonment in commemoration of the day.

Social media has become an important platform for circulating information about FGM/C and the importance of efforts to eliminate it. For example, in 2012 a Google+ Hangout “Discussing Progress, Challenges in Efforts to End Female Genital Mutilation/Cutting” was co-hosted by the United Kingdom Department for International Development, UNFPA and UNICEF and included panellists from Egypt, Kenya and Senegal; Lynne Featherstone, Parliamentary Under Secretary of State for International Development, United Kingdom; and Dr. Babatunde Osotimehin, the Executive Director of UNFPA.

Through the International Network to Analyze, Communicate and Transform the Campaign against FGM/C (INTACT) Network, UNFPA and UNICEF held internet forums on such topics as religious leaders’ involvement and public declarations. This platform has cultivated a global network of practitioners sharing information on local and global developments through Facebook.
CHAPTER 2
COLLABORATING WITH NATIONAL ACTORS

"The challenge of eliminating female genital mutilations remains enormous. Yet with the progress and increased commitment over the last decade there is light at the end of the tunnel. Together we can meet the challenge."

From the Moving Forward Statement Rome International Conference on Female Genital Mutilation, October 2013
characterized by convening a diverse set of actors who were capable of representing and influencing their constituencies, formulating arguments for abandoning the practice. It also made effective use of public figures willing to share personal conviction and motivation for abandonment, as in the case of a male Member of Parliament from a community that is practising FGM/C to table the FGM/C Act in Parliament.

FIVE YEAR RESULTS:
Changes in legal and policy frameworks

Djibouti — Inclusion of FGM/C-related issues in the National Action Plan on Gender and the National Action Plan on Children (2011)

Gambia — Joint Programme supports improved coordination of national actors; united by a National Steering Committee, they send an action plan and a draft bill banning FGM/C to the Cabinet for presentation to Parliament (2012)

Guinea — Decree against FGM/C (2010) and National Plan to Accelerate the Abandonment of FGM/C

Guinea-Bissau — Law criminalizing FGM/C (2011)

Kenya — FGM/C Act (2011)

Mauritania — Draft legislation for banning FGM/C proposed (2012); advocacy for its passage continues

Senegal — Division of Reproductive Health, Ministry of Health, includes the topic of FGM/C in its reproductive health policies, norms and protocols (2011); second National Plan of Action on ending FGM/C developed (2013)

Somalia — Adoption of the new Constitution (2012), bans all forms of FGM/C — a great accomplishment in a country where FGM/C is nearly universal and government institutions remain fragile

Sudan — Five state-level laws against FGM/C; (unsuccessful) efforts towards inclusion of FGM/C abandonment in national Child Act (2011)

Uganda — Prohibition of Female Genital Mutilation Act (2010)

In Egypt, the Joint Programme supported the National Council for Women to host forums and facilitate exchange between civil society organizations working on gender to lobby for the inclusion of an article on FGM/C, gender-based violence and gender equality in the Constitution. In partnership with the National Council for Childhood and Motherhood, and the Egyptian Coalition for Child Rights, the Joint Programme advocated for recognition of children’s rights in the revised Constitution and for reinstating the prohibition of FGM/C.

Partnering with the Joint Programme, the Association of European Parliamentarians with Africa (AWEPA), provided support to the launch of a Steering Committee in Senegal, chaired by the President of the Commission of Health, Population and Social Affairs of the National Assembly of Senegal. The Committee engaged 35 Parliamentarians and undertook activities with in various regions. AWEPA also collaborated with Burkina Faso’s National Assembly Committee on Employment and Social and Cultural Affairs to implement decentralized activities in Bam Province, followed by a national parliamentary seminar in Ouagadougou to sensitize newly elected committee members on the issue of FGM/C.

Translating legislation into action
CHAPTER 4

FOSTERING LOCAL-LEVEL COMMITMENT

The endorsement of religious leaders, village elders and other "custodians of culture" can ignite a process of change within and allow for a shift in social norms to occur.

Aligning with local cultures to end Female Genital Mutilation/Cutting.
UNFPA Publication, 2013
The Joint Programme approach was implemented by taking into account the factors that shape national and local environments for FGM/C. This led to some variation across countries in how it was operationalized, namely with variations in the combination and relative balance of strategies, as well as the choice of entry points, actors and nuances of messages.

In all cases, contextual factors influenced Joint Programme operationalization. These factors included the extent and ways in which the practice of FGM/C was linked to religious values and beliefs (for example, interpretations of Islam, such as in Somalia, the Sudan or parts of Kenya). Such factors influenced the choice of key messages, information channels and actors/speakers engaged in providing information on FGM/C.

Similarly, programme strategies were influenced by the age at which FGM/C was typically performed in a country or community. The use of alternative rites of passage (ARP), for example, makes sense only in settings where FGM/C is conducted as a rite of passage for older girls – as in parts of Kenya and Uganda. A stronger focus on providing information during antenatal and postnatal care is appropriate in contexts where FGM/C tends to be performed close to infancy, for example, among the Afar community.

The extent to which national and subnational laws and policies for abandonment of FGM/C already existed (Burkina Faso) or not (Kenya, the Sudan, Uganda) determined whether, and in what ways, the Joint Programme put efforts into this area.

The extent to which there already was an established FGM/C abandonment movement in the respective country when the Joint Programme started (Senegal, Kenya, Eritrea), or whether it was still in early stages (Somalia) impacted on the number and experiences of national partners. Where experiences of abandonment already existed, they were given visibility to encourage further abandonment. Where FGM/C was still widely considered to be a taboo topic this was taken into account as an essential part of designing culturally appropriate ways to address the issue.

**Varied, and complementary, strategies**

Evidence strongly supports the use of a varied toolbox of complementary strategies and entry points as being likely to influence social change. The combination of tools that was used to develop programme messages and the ways of delivering them varied between countries. In all participating countries, however, the Joint Programme:

- Used different, but complementary, angles from which to advocate for FGM/C abandonment, for example, health, religious or legal perspectives.
- Engaged with a broad variety of relevant, potentially influential individuals and organizations to deliver this advocacy with a targeted approach towards reaching specific groups.
- Used a variety of ways to share information, including through mass media (TV, radio, community theatre, cine-forums), individual and group consultations, information sessions, and training sessions.
- Used a variety of occasions and venues to share information and engage with community members, including FGM/C abandonment events, as well as religious, traditional, sports and art-related gatherings, and health-care consultations.

**Reframing concepts, values and traditions**

Reframing concepts, values and traditions related to FGM/C was a broad strategy employed by the Joint Programme. Key examples include the Saleema initiative in the Sudan and the use of alternative rites of passage (ARP), such as in Uganda and parts of Kenya. Both of these initiatives build on existing positive values and community needs.

The Saleema initiative in the Sudan sought to replace words such as ghalfa, which has highly negative connotations in reference to uncut girls, with words that describe
FIVE YEAR RESULTS:
Community awareness and empowerment

In Djibouti, 576 community dialogues on Islam and the rights and protection of children involved 22,220 people (women, men and children). This helped consolidate and amplify the actions of 29 community management committees in 2013, and an increased awareness of children’s rights violations has been observed.

In Mali, in the field of prevention/advocacy, 2,664,996 people have been sensitized on FGM/C, child/forced marriages and other gender-based violence through 12,414 community discussions held between 2008 and 2013.

In Senegal, an extensive network of community management committees set up by Tostan is monitoring FGM/C abandonment and promoting child protection from violence, exploitation and abuse.

In Uganda, 79,751 people were sensitized on the harmful effects of FGM/C, and 470 community dialogues were conducted. Subsequently, 236 communities made commitments to abandon FGM/C in 2013, and surveys conducted revealed a decline in the practice.

In Eritrea, 2,745 anti-FGM/C committees and 293 Sara Clubs were established and are working towards changing attitudes and perceptions. In addition, 583,500 community members were reached with FGM/C messages since 2008.

In Somalia, in 2013, 200 mentors for adolescent girls participated in empowerment training. The mentors conducted peer education and speak-out sessions with 6,000 adolescent girls. The discussions and speak-out sessions provided a forum for open talkons the various challenges the girls encounter at home, in school and in the community. The sessions also provided a peer support system to discuss and identify strategies to report various types of children’s rights violations at all levels.

In Burkina Faso, where there is a strong level of political engagement for abandonment, 3,216 community members and animators were provided with training on the social norms perspective, and 8,382 community-based awareness-raising sessions took place.

context, but broadly, they tried to bring about recognition of the value of girls and women to the community and help people reach a consensus to abandon FGM/C. Strategies included community empowerment, training for community members and animators in the social norms perspective, and empowerment training for mentors of adolescent girls.

In Burkina Faso, Egypt, Kenya and Mali, community education sessions were complemented by home visits, counselling, theatre/films to promote reflection. Observations have revealed that a key function of public community discussions is stimulating private discussions within families, which can ultimately affect their decision not to carry out FGM/C on a child.

In Mauritania, the community empowerment component in 36 rural municipalities of high-prevalence regions reached 1,170 villages in 2013. In these municipalities, 601 committees have been set up, and 1,354 actors (relays, imams, health workers), as well as 4,112 teachers and students have participated in training on promoting the abandonment of FGM/C. In addition, 645,451 people have been sensitized, of whom 406,270 (63 per cent) said they were favourable to abandonment. The follow-up of 20,283 girls (0-5 years old) in Mauritania revealed that 68 per cent had not gone through FGM/C. Mass campaigns and those organized by the different sectors in 23 moughataas (administrative departments) also helped raise awareness among 279,230 people, of whom 77.58 per cent said they were favourable to abandonment.

Working in partnership with religious and traditional leaders

To secure their support as advocates for the abandonment of FGM/C, the Joint Programme and its partners engaged with traditional leaders, such as community elders, as agents of change in all 15 programme countries. To underscore that religious values urge protection of girls’ physical integrity – and that FGM/C is not an obligation under Islam or any other faith, the programme involved religious leaders and networks.
The engagement of religious leaders was widely seen as an effective strategy for influencing change. In regions where FGM/C is considered to be an Islamic obligation, this involvement was seen as a necessary condition for change to take place. The fact that religious leaders openly and publicly spoke about FGM/C, which was traditionally considered a taboo, was perceived as a significant cultural shift.

At the community level, religious leaders frequently participated in or led community dialogue sessions (Kenya, Ethiopia, Uganda). Religious leaders issued fatwas (authoritative rulings on a point of Islamic law) or public statements during a sermon or at awareness sessions, conferences, seminars, debates on television, and other media events.

Since 2008, a total of 20,941 religious and traditional leaders have made public declarations stating that FGM/C is not a religious requirement. Furthermore, 2,698 edicts were issued in support of abandonment of the practice, and religious leaders communicated to their followers that FGM/C was not sanctioned by Islam. In Mauritania, a fatwa was adopted in 2011, and a subregional fatwa closely modelled on Mauritania’s was developed and adopted for all of West Africa in 2012.

**Figure 4. Number of religious leaders who made public declarations delinking FGM/C from religion**

**FIVE YEAR RESULTS:**

Religious and traditional leaders as agents of change

In Eritrea, Ethiopia and the Sudan, leaders of several faiths (Muslim, Orthodox, Catholic, Protestant) declared that FGM/C is not a requirement of their religion. In Egypt, the Grand Imam of Al-Azhar University declared, and later reaffirmed, a pronouncement stating that FGM/C is not part of Islam.

In Uganda, elders from the Pokot community, from both Uganda and Kenya, who publicly denounced FGM/C and agreed to work together across the border to ensure its abandonment.

In Kenya’s Gusii community, where rates of FGM/C are among the highest in the country (96 per cent), community elders made a public declaration on the abandonment of FGM/C in June 2012.

In Mali, 25,965 leaders have pledged in favor of abandoning FGM/C, with 200 of them making public statements.

In Somalia, religious leaders in Puntland issued a fatwa, demonstrating high-level commitment towards abandonment. Since the beginning of the Joint Programme, more than 1,500 religious leaders in Somalia have participated in training for advocacy on FGM/C abandonment and were actively involved in the advocacy campaign. Koranic teachers received training and incorporated FGM/C abandonment dialogues in school lessons.
In Guinea-Bissau, the Joint Programme supported the first national network of religious leaders committed to the abandonment of FGM/C. The network has been raising awareness and promoting debate throughout the country, addressing the issue in the mosques and during religious events. In 2012, the Islamic Supreme Council proclaimed the "Declaration of Imams of Guinea Bissau against FGM/C" at the end of a two-day conference that brought together 200 imams from all regions of the country and their counterparts from Egypt, the Gambia, Mali and Senegal.

Creating a ripple effect:
Communication and mass media

In a variety of ways and on several levels, the media plays an important role in efforts to end FGM/C. It not only disseminates information, it also has the power to mobilize both positive and negative feelings, as well as to enable people to connect with each other on a global level.

Every country used the media – the press, television, radio, and sometimes film and electronic social media – to increase awareness of the dangers of FGM/C and encourage people to abandon the practice. The use of radio in particular enabled remote, rural communities to be reached, as well as those with higher levels of illiteracy. More than 26,147 newspaper articles, and TV and radio programmes discussed the benefits of ending the practice – helping to shape the ongoing public discourse on FGM/C in the respective country and/or region.

The content of media events included information about the law, health consequences of FGM/C, advertising on the availability of reconstructive care, delinking FGM/C and religion, testimonies of survivors of FGM/C, publicity for a toll-free number for reporting cases of FGM/C, coverage of prosecution, and community interventions and programmes.

As community groups became active in the effort to end FGM/C, the media played a central role in giving visibility to the community-based activities and to the public declarations of commitment to abandon the practice. Often these drew the attention of the national media and served to spread the news that things were changing and to disseminate the call by communities who were abandoning FGM/C that others should also join them.

In 2011 alone, millions of people across the 15 countries were reached by radio and TV programmes denouncing FGM/C. These included more than 2.8 million in Somalia, 2.5 million in Guinea, 350,000 in Burkina Faso, 300,000 in Djibouti, 271,000 in Mali and tens of thousands more in other countries.

In Guinea-Bissau, FGM/C was widely
discussed in the media during 2013, with important advocacy actions, including the broadcast of 162 radio programmes addressing FGM/C and the production of three television programmes produced. Also, there were eight interventions in international radios, and five on international TV programmes.

Media outlets have increasingly featured religious and community leaders during radio discussions of FGM/C. This is especially effective when it incorporates the voices of community members, who can be very persuasive in promoting the abandonment of FGM/C among multiple local, national and international audiences.

Involving national and local media, including local/community radio in local languages, as well as print media, posters and billboards, was instrumental to spread information about FGM/C abandonment process, and to engage community members.

Social media platforms such as Facebook and Twitter presented rich opportunities for interaction, discussion and dialogue with local community members from across the globe. These media were especially effective in addressing and engaging adolescents. Young people were encouraged to use Facebook to debate FGM/C with their peers, from their own points of view, and to discuss the practice with the entire global community, including family members living abroad.

Somalia provides an example where young people have been active in using social media to join the conversation about abandoning FGM/C. Fifty articles, messages, pictures and links from Somalia were posted on the Puntland Youth and Social Development Association’s Facebook page, and more than 20,000 young people have visited the posts. The Somaliand Youth Peer Network published articles advocating FGM/C abandonment on three popular Somali websites. An SMS text message on FGM/C abandonment was sent to 50,000 mobile phones. More than 100,000 youth participated in public debates, with the majority supporting FGM/C abandonment. Advocacy and awareness were strengthened through the publication of 10 articles by young people in a local newspaper with a readership of over 100,000. In addition, 10,000 copies were distributed.

The Joint Programme’s work with AIDOS is one example of partnership to evaluate media effectiveness towards strengthening national capacity for addressing gender-based violence. As the association had carried out training workshops for radio-journalists in four African countries, this initiative involved assessing the validity of audio-documentaries as a tool for promoting the abandonment of FGM/C. Through an impact analysis of the communication/media activities implemented in Burkina Faso and Kenya, the project has provided inputs for improvement of the communication tools/means to support activities in the field.

The value of public declarations

Facilitating public declarations of FGM/C abandonment was a broad strategy used in at community, regional and national levels, incorporating various methods of community engagement, education and outreach. In an effort to bring about collective change, the Joint Programme facilitated many events in all 15 countries, during which community leaders and/ or members publicly declared their commitment to abandon FGM/C.

Since 2008, there has been a regular increase in the number of communities or villages that commit to abandoning FGM/C, and by 2013, a total of 12,703 of them committed to abandoning FGM/C. After years of engagement and consensus building, these public affirmations are a manifestation of a bottom-up process of change.

Figure 7. Number of communities that committed to abandon FGM/C